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•L. BROWN•

JUL 23 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Mammography Service LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Shouppe
Name of Person

Southeast Mammography Service LLC
Firm/Company

6224 Jays Way
Address

Milton, FL 32570
City/State and Zip Code

mike.shouppe@southeastmammo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Shouppe at (850) 686-7950
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY
TALLAHASSEE, FL

Southeast Mammography Service LLC

If Changing Registered Agent, Signature of New Registered Agent


[illegible]

2014 JUN 11 PM 5:22
SIOUX FALLS
TEL: 605/336-1111

2014 JUN 11 PM 5:22
SECRET
EALHAG

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee